RCE 8/23/08

Approved for use Security 1731/2008, CARS 0851-00 S. Securit and Trademark Office U.S. DEPARTHEENT OF COLLIGER

Und	er the Populate	: Reduction Act of	1895, no po	uters are users	ed to respond t	a contration of this	ensolen erlen	a R Gagler Manifest	on or Doctor Mu	mber .)
	PATI	MT APPLIC	ATION F	ter Form PTC	MINATIV	AKECOKD		09/970,07/			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL C	SMALL ENTITY		OTHER THAN SMALL ENTITY		
	FOR		MERCHER FILED		HOMBER EXTRA		FEE		RATE	FEE	
DASHE VEE OF CFR 1.10(H)		 	•				٠	OR.		•	
YOTAL CLAIMS DD OFR 1.1500)		30	adras 20 •	•		13*		COR.	ו		
DESTRUCTIONS DE CER 1.1603		1 2	rahua 3 ·	•		* L		OR	·		
MIRTORE DEPENDENT CLASS PRESENT (\$7 OF R 1.1440)				••		OR	•5				
_		t in teas the		r "O" in column 2		TOTAL		OM.	TOTAL		
											{
CLAINS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)					SMALL	ENTITY	OR		ENTITY		
٩	·	CLAMAS REMARKS AFTER		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
¥	Yotal	· 20	Mirus	20	.0.	12/		ÇR	×5		Į
ENDMENT	GPORTAGE Independent GPORTAGE	- 3	Mires	- 2		x 5 •		-02	×4•		
A		ATTOM OF MARTIN		TOUR OF CF	R 1.146(7)	+1 -		08			1
PREST PRESENTATION OF MALTIFLE DEPENDENT CHAIN (SP CFR LINES)						TOTAL ADDL FEE		OR.	TOTAL ADDL FEE		1
1	18/06			***************************************	(Column 3)			•			
8	/ 907	(Column 1) CLAIMS REMADING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE	ACOI- TIONAL		RATE	ADDL TICHAL FEE	
2	Yes	MENOMENT	Minus	PAIDFOR	2		FEE		3.		1
ENDMENT	Fotal gram (vapa)		Minus	- 3	94	X 4 .	-	~ ·			1
AME	On Case Carbon			<u> </u>					4.		1
۲	PREST PRESENT	ATION OF MULTIPL	I OF BOD	II COMB. G/O	w riess	TOTAL		ox.	TOTAL ADDIL PEE		1.
S-18 07 ADDIT FEE OR ADDIT FEE											1
0 5		CLAIMS REMAINING AFTER AMENDMENT		HECHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIDHAL FEE		RATE	ADOS- TICHAL FEE	
MENT	Total green 1460	30	Minus	30	-/	28	0	OR	10		1
ENO S	Edependent (27 O'R 1,180g)	12	Minus	- &	1	¥9•	<u>p</u>	_ ox	×4	<u> </u>	4
₹	FIRST PRESENTATION OF MIATURE DEPONDENT CLAIM OF CER 1.1940)					YOYAL	9	OR.	TOTAL	<u> </u>	1
* If the entry in cotumn 1 to less than the entry in column 2, write "V in column 3. "If the "Highest Number Previously Paid For" IN (DAS SPACE is less than 20, enter "S". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "S". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "S".											
نا	The Wighest		y poor or o	M 1400 01 100		est number tound i	n the appropri	ate box in	cotumb 1.	the (and by the	ا

The form and services in committee the form and \$-200-PTO-0190 and select option 1